

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Date Stamp (Received)

JUL 30 2020

Bayfield Co. Zoning Dept.

Permit #:	20-0234
Date:	8-27-20
Amount Paid:	\$75 7:31-20 \$50 8-26-20
Refund:	

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name: A. Joseph Elswier				Mailing Address: 14648 Oak Knoll Dr				City/State/Zip: Cado H Wi 54727				Telephone: 715-932-0082					
Address of Property: Orienta Falls Rd.				City/State/Zip: Port Wing Wi								Cell Phone:					
Contractor: OPKOWA				Contractor Phone: 715-933-0332				Plumber: _____				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____				Agent Phone: _____				Agent Mailing Address (include City/State/Zip): _____				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# 1000000000 25635				Recorded Document: (Showing Ownership) 2004R 495211							
SW 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision:	
Section 3, Township TN N, Range 9 W						Town of: ORIENTA						Lot Size		Acreage 10			

<input checked="" type="checkbox"/> Shoreland →	Is Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : <u>1310</u> feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories <i>Lien To</i>	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ <u>9,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> <i>None</i>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> <i>Backs/gravel</i>	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	_____	<input type="checkbox"/> Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	_____	<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None			

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions) 26'x40'	Length: 49	Width: 26	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Storage	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	Roof Structure (26' x 70')	1040
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Joseph Elam
(If there are Multiple Owners listed on the Deed **All** Owners must sign or letter(s) of authorization must accompany this application)

Date 7/25/20

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

10 acres

1320'

130'

126'

330' Falls Rd.

ORIENTA Falls Rd.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	140	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	107	Feet	Setback from the River, Stream, Creek	1000 + Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	150	Feet		
Setback from the South Lot Line	130	Feet	Setback from Wetland	35 Feet
Setback from the West Lot Line	1180	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	140	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 20-0234		Permit Date: 8-27-20		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Site is on slight rise with some upland species. Wetland vegetation nearby but may be clay soil. Owner appears to have placed right in center upland between mapped wetland. I notified landowner.		Zoning District (R2)		
Date of Inspection: 8-6-20		Lakes Classification (3)		
Inspected by: Todd Norwood		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
Structure not for human habitation/sleeping purposes. No pressurized water or plumbing allowed. Must meet and maintain setbacks. Must be at least 25' from mapped wetlands.				
Signature of Inspector: Todd Norwood				Date of Approval: 8-19-20
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

by phone that he must have structure at least 25' from mapped wetland and that WDNR review could trigger a request for review of structure placement. He indicated he felt confident with placement.

n, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **None**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0234** Issued To: **A Joseph Elsner**

N ½ of the S ½ of the

Location: **SW ¼ of NW ¼** Section **3** Township **49** N. Range **9** W. Town of **Orienta**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Principal Structure: [1- Story; Lean-to (26' x 40') = 1,040 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure not for human habitation / sleeping purposes. No pressurized water or plumbing allowed. Must meet and maintain setbacks. Must be at least 25' from mapped wetlands.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 27, 2020

Date

**APPLICATION FOR
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department
P.O. Box 58
117 East Fifth Street
Washburn, WI 54891
Phone - (715) 373-6138

JUN 22 2020
Bayfield Co. Zoning **PAID**

Office Use:

Zoning District/Lakes Class RRB/1
Application No. 20-0228
Date 8-25-20
Fee Paid \$175 6-24-20
\$75 6-24-20

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department

Property Owner Clair Angland

Property Address 5690 State HWY 13
of RV placement. Port Wing WI 54865

Mailing Address 2303 S. Le. Homme Dieu Dr.

Alexandria MN 56308

Agent: _____

Telephone 320 760 4619

Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request:

1/4 of 1/4 of Section 35 Township 50 N. Range 9 W. Town of Oriente

Gov't Lot _____ Lot 1 Block _____ Subdivision _____ CSM # 1093

Volume 7 Page 47 of Deeds Parcel I.D. # 04-036-250-09-1 ²⁶³⁹⁵ Acreage 2.33 ⁰⁵⁻⁰⁰²⁻³⁰⁰⁰⁰

Additional Legal Description: _____

ATTACH
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2017 Vin #: 4YDT29822H3153505

Make of RV: Keystone RV

Model of RV: Springdale Sm Time 2980 DH

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

For Office Use Only

Zoning District/Lakes Class: RRB/1

Permit Issued: Sanitary Number 20-0194 Date 7-30-20

Issuance Date 8-25-20 Permit Number 20-0228 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Appears code compliant + 5 year limit. Expires 2025 per TBA

By Todd Norwood Date of Inspection 7-9-20

Variance (B.O.A.) # _____

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: _____

Signed Todd Norwood Date of Approval 7-15-20
Inspector

and use frontage road as a guideline, and indicate North (N) on plot plan

IMPORTANT
Detailed Plot Plan is Necessary

Show the RV (Recreation Vehicle) location
Show dimensions in feet on the following:

- a. RV from centerline of road(s).
- b. RV from right-of-way line
- c. RV from property lines
- d. RV from lake, river, stream or pond
- e. RV from Privy

Lot Line

See attached

Lot →
Line

← Lot
Line

← Name Frontage Road (HWY 13) →

NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent Clair Angland Date 6-22-20

Address to send permit _____

G.L.2.

2872

MAP OF SURVEY

LOT 1 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1093, RECORDED IN VOL. 7 OF CSM ON PAGE 47, LOCATED IN GOVERNMENT LOT 2 OF SECTION 35, T. 50 N., R. 9 W., IN THE TOWN OF ORIENTA, BAYFIELD COUNTY, WISCONSIN

SURVEYOR'S CERTIFICATE

I, PETER A. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF RICHARD AND PATRICIA COAN, I HAVE SURVEYED AND MAPPED LOT 1 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1093, RECORDED IN VOL. 7 OF CSM ON PAGE 47, LOCATED IN GOVERNMENT LOT 2 OF SECTION 35, T. 50 N., R. 9 W., IN THE TOWN OF ORIENTA, BAYFIELD COUNTY, WISCONSIN;

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY;

THAT SAID SURVEY AND MAP FULLY COMPLY WITH THE PROVISIONS OF CHAPTER A-E 7 OF THE WISCONSIN LAND SURVEYING CODE, AND;

THAT SAID SURVEY AND MAP ARE CORRECT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.



NOTES:

THE ORDINARY HIGH WATER LINE (OHWL) OF LAKE SUPERIOR AND JARDINES CREEK IS APPROXIMATE AND FOR REFERENCE PURPOSES ONLY.

ANY LAND BELOW THE ORDINARY HIGH WATER MARK OF A LAKE OR A NAVIGABLE STREAM IS SUBJECT TO THE PUBLIC TRUST IN NAVIGABLE WATERS THAT IS ESTABLISHED UNDER ARTICLE IX, SECTION 11 OF THE STATE CONSTITUTION.

SEE BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1093 FOR SECTION TIE AND ADDITIONAL INFORMATION.

PARCEL CONTAINS 101,392 SQUARE FEET, MORE OR LESS, WHICH IS 2.33 ACRES, MORE OR LESS, INCLUDING THAT LAND LYING BETWEEN THE MEANDER LINES AND THE ORDINARY HIGH WATER LINE OF JARDINES CREEK AND LAKE SUPERIOR AND THE EXTENSION OF THE LOT LINES TO SAID ORDINARY HIGH WATER LINES.

SCALE: ONE INCH = 80 FEET



LEGEND

- ⊙ 5/8" REBAR
- ⊙ CURB STOP/WATER VALVE
- ⊙ 1" x 18" IRON PIPE (IP), SET THIS SURVEY
- * END STEEL FENCE POST
- () RECORDED DATA

PIPE DIMENSIONS ARE OUTSIDE DIAMETER

CLIENT: RICHARD & PATRICIA COAN

JOB NO.: 1119/070

SCALE: ONE INCH = 80 FEET

DATE: 6/11/2018

FIELD WORK COMPLETED: 6/7/2018

FILE: 11/15/04/RW/SECS

ACID: 11/15/04/COAN

PSWAVE: 11/15/04

DB: 407

DRAFTED BY: TCB

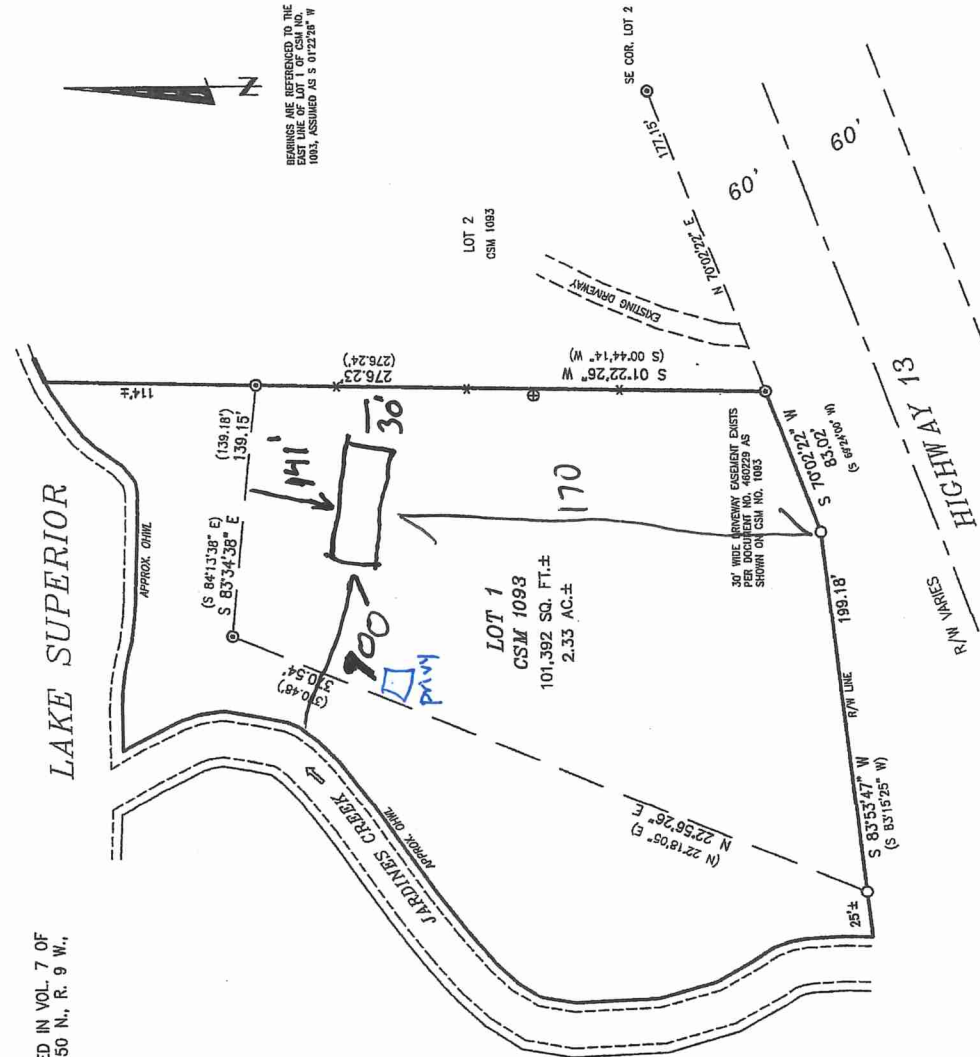
NEILSON

SURVEYING

INCORPORATED

SURVIVING YOUR INDEX OF THE RECORDS SINCE 1864

MAP NO. CSM 2872



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – CUTC (20-0194)
SIGN
SPECIAL – Class A
CONDITIONAL
BOA

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0228**

Issued To: **Clair & Cindy Angland**

Location: - ¼ of - ¼ Section **35** Township **50** N. Range **9** W. Town of **Orienta**

Gov.t Lot Lot **1** Block Subdivision CSM# **1093**

For: **Recreational Vehicle (RV)**

Make: **Keystone** Model #: **Spring Dale** Vehicle #: **4YDT29822H3153505** Year: **2017**

(Disclaimer): Any future expansions or development would require additional permitting.

May not be used for permanent residence

Condition: **Allowed for 5 years. Must be removed by August 2025**

NOTE: Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 25, 2020

Date